

OCT 03 2005

TELECOPIER COVER SHEET

October 3, 2005

To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818-493-2251
Attention: TECHNOLOGY CENTER 3700 Examiner: Unassigned Art Unit: 3762	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571-273-8300	Telecopier: 818/362-4795
RE: First Supplemental Information Disclosure Statement App. No.: 10/606,299 Filed: 06/24/2003 Docket No.: A03P1046US01 Confirmation No.: 2874	Number of pages being sent: <u>7</u> (including cover page)

OCT 03 2005 PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Xiaoyi Min; Yougandh Chitre; Jeffery D. Snell;
Gene A. Bornzin; and Jong Kil

Serial No.: 10/606,299

Art Unit: 3762

Filed: 06/24/2003

Examiner: Unassigned

For: SYSTEM AND METHOD FOR DETECTING CARDIAC ISCHEMIA
BASED ON T-WAVES USING AN IMPLANTABLE MEDICAL DEVICE

Docket No.: A03P1046US01

Confirmation No.: 2874

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop OIPE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

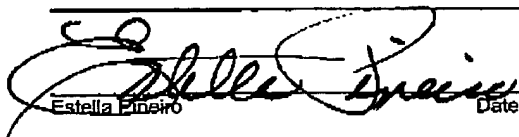
Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ First Supplemental Information Disclosure Statement
- ☒ PTO-1449 (copies of cited references not enclosed)
- ☒ Power of Attorney by Assignee...
- ☒ Transmittal Letter, Fee and Cert. of Mailing

I hereby certify that this correspondence is being facsimile
transmitted to the United States Patent and Trademark Office
on

October 3, 2005

 10/3/05

Estella Pineda Date

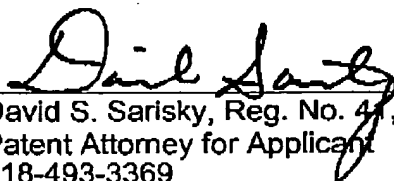
OCT 03 2005

PATENT

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	22	22	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	3	3	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge — Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify: <u>First Supplemental Information Disclosure Statement</u>					0
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$0**
<input checked="" type="checkbox"/> Charge Deposit Account No. 16-0068 the amount of						\$0**
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068 <input checked="" type="checkbox"/> Any additional filing fees required under 37 CFR 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						A copy of this letter is enclosed.
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068 <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input checked="" type="checkbox"/> Any filing fees under 37 CFR 1.16 for presentation of extra claims.						

Respectfully submitted,

3 OCT. 2005
Date


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CUSTOMER NUMBER: 36802